

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Dept. 056-KOBEL-1051506

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: [Redacted]
 Street, Apt. or PO Box:
 City, State:

PS Form 3811, February 2004 See Reverse for Instructions

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PS Form 3811, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Andrew Felt* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Andrew Felt* C. Date of Delivery *2-16-12*

D. Is delivery address different from item 1? ☐ Yes ☒ No

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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LOG# 1051506
Att. # 11